



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
ABBREVIATED APPLICATION

BOARD OF EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS
3605 MISSOURI BOULEVARD
P.O. BOX 1335
JEFFERSON CITY, MO 65102

INSTRUCTIONS

1. Complete all sections below.
2. To qualify for licensure, by **examination**, applicants must take and pass both the written (International Licensing Examination (ILE)) and practical examinations.
3. If you are applying to take either the written (ILE) or the practical examination, this form must be completed. Return this form which must contain your original signature along with the proper fee(s) indicated below.
4. All applications must be received **at least 30 days prior to the administration of the examination.**

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

I hereby apply to take the following examination (check one):

- ☐ **WRITTEN EXAMINATION** **I wish to sit for the written examination (ILE). The application fee was previously submitted.**
- ☐ **PRACTICAL EXAMINATION** **FEE: \$150.00**

NAME OF APPLICANT (PLEASE TYPE OR PRINT)		TELEPHONE NUMBER ()
STREET ADDRESS		EMAIL ADDRESS
CITY	STATE	ZIP CODE

THE FOLLOWING QUESTIONS MUST BE COMPLETED. EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.

1. Have you ever been denied a professional license, certification, registration or permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you ever been convicted, adjudged guilty by a court, pleaded guilty or pleaded nolo contendere to any crime (excluding traffic violations)? (If yes, explain fully and submit certified copies of court documents.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (If yes, explain fully and submit certified copies of court documents.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Do you currently, or did you within the past five years, use any prescription drug, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a hearing instrument specialist would be affected? (If yes, explain fully and submit certified copies of court documents.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? (Submit verification of chemical or alcohol dependency treatment.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a hearing instrument specialist or against any other license in the state of Missouri? (If yes, explain fully and submit certified copies of court documents.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Pursuant to Section 324.010 RSMo:

- ☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

AFFIDAVIT (ALL APPLICANTS MUST COMPLETE)

I do hereby affirm that all statements made in this application are true and correct to the best of my knowledge and belief and understand that any deliberate falsification of information herein may constitute grounds for disqualification.

ORIGINAL SIGNATURE OF APPLICANT (REQUIRED)	DATE
--	------